10/696793

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number



_		CLAIMS A	S FILED (Colum		(Column 2)			SMALL ENTITY TYPE		OR	OTHER THAN	
TOTAL CLAIMS			4				-	RATE	FEE	7	RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEI	385.00	OR	BASIC FEE	770.00
TOTAL CHARGEABLE CLAIMS			4 minus 20=		·. O]	X\$ 9=		OR	X\$18=	
INDEPENDENT CLAIMS			minus 3 = *			9		X43=		OR	X86=	
MULTIPLE DEPENDENT CLAIM PI			RESENT					4.45	-	1		
*	f the difference	e in column 1 is	less than a	zero, enter "0" in column 2			•	+145=	700	OR	+290=	
CLAIMS AS AMENDED - PART II								TOTAL	383	OR	TOTAL	
		(Column 1)				(Column 3))	SMALL	ENTITY	OR	OTHER SMALL	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVIO PAID F	BER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	• 11	Minus	* 2		=		X\$ 9=	7.5.5	OR	X\$18=	
	Independent	• 3	Minus	*** 3		=	1 t	. X43=		OR	X86=	
	FIRST PRESE	ENTATION OF M	ULTIPLE DE	PENDENT	CLAIM		۱ <u>۱</u>	+145=		OR	+290=	
							L	TOTAL			TOTAL	
		A	DDIT. FEE	•	OR ,	ADDIT. FEE						
(Column 1) (Column 2) (Column 3) CLAIMS HIGHEST										_	•	
AMENDMENT B		REMAINING AFTER AMENDMENT		NUMB PREVIO	ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•	Minus	**		2		X\$ 9=		OR	X\$18=	
	Ind pendent		Minus			=		X43=		OR	X86=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						-	145				
								+145=		OR	+290=	· · · · · ·
								DOTT. FEE		OR A	TOTAL UDIT. FEE	
- 1		(Column 1)		(Colum		(Column 3)						
MEN		REMAINING AFTER AMENDMENT		HIGHE NUMBI PREVIOL PAID FO	ER JSLY	PRESENT EXTRA			ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•	Minus	**		. .	Γ	X\$ 9=		OR	X\$18=	
	Independent		Minus	***		=	⊢		——[~ }		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						· _	X43=	(OR	X86=	
• If the entry in column 1 is less than the entry in column 2, write "0" in column 3.												
	the "Highest Nun the "Highest Nun	nber Previously Pai nber Previously Pai ber Previously Paid	d For IN THIS Id For IN THIS	S SPACE is It	ess than	20, enter "20."	_	TOTAL DIT. FEE			TOTAL DOTT. FEE L mn 1.	-
								• •			•	